

JAN 10 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application Serial No. .... 10/768,568  
Confirmation No. .... 6339  
Filing Date ..... January 29, 2004  
Inventor ..... Jerome Eldridge  
Assignee ..... Micron Technology, Inc.  
Group Art Unit ..... 2822  
Examiner ..... K. Duong  
Attorney Docket No. .... MI22-2496  
Customer No. .... 021567  
Title: Perovskite-Type Material Forming Methods, Capacitor Dielectric Forming  
Methods, and Capacitor Constructions

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Dated: 10 Jan 2005By: 

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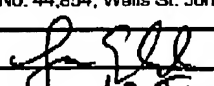
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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/768,568
	Filing Date	January 29, 2004
	First Named Inventor	Jerome Eldridge
	Art Unit	2622
	Examiner Name	K. Duong
Total Number of Pages In This Submission	Attorney Docket Number	MI22-2496

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Customer No. 021567 The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. Section 1.16 and Section 1.17 and credit any overpayments to account no. 23-0925.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	James E. Lake Reg. No. 44,854, Wells St. John P.S.
Signature	
Date	10 Jan 2005

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Typed or printed	James E. Lake
Signature	
Date	10 Jan 2005

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/768,568
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 250.00		Filing Date	January 29, 2004
		First Named Inventor	Jerome Eldridge
		Examiner Name	K. Duong
		Art Unit	2822
		Attorney Docket No.	M122-2496

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
- 20 or HP =	x	=		- 3 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

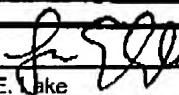
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: One Month Extension of Time, Terminal Disclaimer

**Fees Paid (\$)**  
250.00

<b>SUBMITTED BY</b>		Registration No.	Telephone
Signature		(Attorney/Agent) 44,854	(509) 624-4276
Name (Print/Type)	James E. Lake	Date	Jan 10, 2005

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